



KINE 4p84  
Library Seminar  
Winter 2024 term

*Ian Gordon*



Ian Gordon, Teaching & Learning Librarian



# Library Seminar Agenda

- Research Question
- Brock Library KINE Research Guide
- Databases – lots of them
- MEDLINE – Which version?
- PubMed
- Citation Management
- Where, how and when to get help!

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## Assignments Guideline

If you have any questions regarding any of the items or guidelines below, make sure you inquire with the instructor in advance of completion (the sooner the better).

### a. **Library resource modules completion (5%) Due Feb. 5<sup>th</sup>**

Students will be required to complete several modules online (through Brightspace), which will involve an interactive presentation (online) and online completion of several questions per module. Specific instructions will be provided within the modules online.

### b. **Group presentation (10+15=25%)**

In groups of 2-3 students (depending on enrollment):

- i. Pick a pediatric clinical condition or disease (see list of examples below)
- ii. Presentation and discussion (Q&A)  
**Part 1 (10%):** Background of specific condition + expected challenge/role posed by exercise/training  
**Part 2 (15%):** Response to exercise and training (see guidelines below).  
Presentation slides to be submitted via Brightspace – by **Mar. 24<sup>th</sup>**
- iii. Describe your role in the group project (1 paragraph). To be submitted on the **day of presentation**. (5% deduction if not submitted)
- iv. Complete peer evaluation. To be submitted on **last day of course** (5% deduction if not submitted)

### c. **Written presentations assessment (10%)**

Students will be required to

- i. Submit two questions for discussion for each presentation. To be submitted on the **day of presentations**.
- ii. Review and assess all presentations, using a standardized rubric (see end of document). To be submitted on the **day of presentation**.

Group presentation on a specific clinical condition or disease and its implications for exercise response, performance and training.

- Pick a pediatric clinical condition or disease.
- Provide background of specific condition/disease.
- Expected challenge/role posed by exercise/training.
- Response to exercise/training.

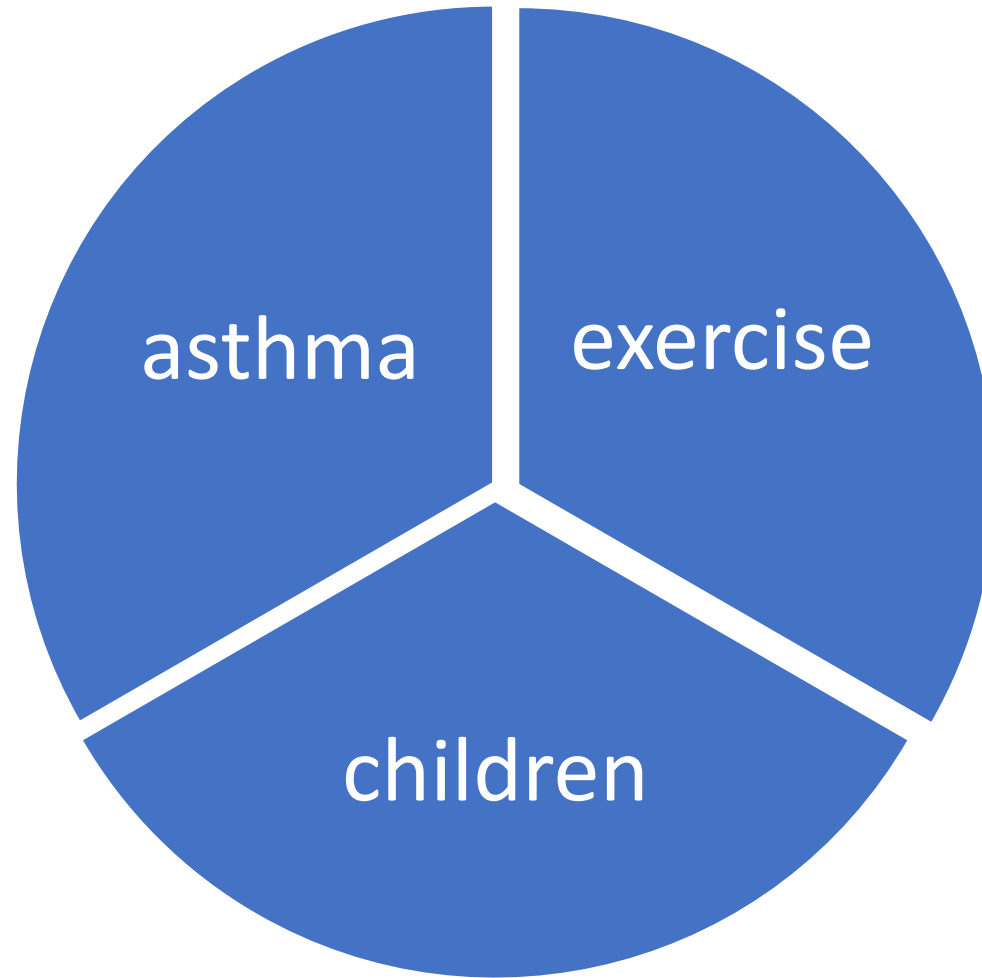
Examples of clinical conditions or diseases:

- Asthma
- Cystic fibrosis
- Obesity
- Anorexia/malnutrition
- Diabetes – type I
- Diabetes – type II
- Muscular dystrophy
- Cerebral palsy
- Hemophilia
- Congenital heart defect
- Juvenile arthritis
- Growth hormone deficiency
- Epilepsy
- Spina bifida
- Scoliosis
- Cancer
- Inflammatory disease
- Chronic renal disease
- Mental health
- ADHD

What are the challenges faced by practitioners treating children with asthma by exercise?

What are the challenges faced by practitioners  
treating children with asthma by exercise?

What are the challenges faced by practitioners treating children with asthma by exercise?



What are the challenges faced by practitioners  
treating children with asthma by exercise?

P children

I exercise

C asthma

O healthy

1. [child\* age 6-12, MeSH “child”; PsycINFO 6-12, “school age”; Education Source & Sport Discus, age 0-12, “children”] or “elementary school children” ...
2. exercise\* or perform\* or train\* or respon\* or “physical fitness” or physio\* or rehabil\* or physio\*...
3. asthma\* ~~Asperger Syndrome~~

challeng\* or barrier\* or role or roles or outcome\* or treatment\* or intervention\* or approach\* or behav\*...

<https://www.ncbi.nlm.nih.gov/mesh>

## Asthma

A form of bronchial disorder with three distinct components: airway hyper-responsiveness (RESPIRATORY HYPERSENSITIVITY), airway INFLAMMATION, and intermittent AIRWAY OBSTRUCTION. It is characterized by spasmodic contraction of airway smooth muscle, WHEEZING, and dyspnea (DYSPPNEA, PAROXYSMAL).

PubMed search builder options

[Subheadings:](#)

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> blood               | <input type="checkbox"/> enzymology   | <input type="checkbox"/> pathology              |
| <input type="checkbox"/> cerebrospinal fluid | <input type="checkbox"/> epidemiology | <input type="checkbox"/> physiopathology        |
| <input type="checkbox"/> chemically induced  | <input type="checkbox"/> ethnology    | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> classification      | <input type="checkbox"/> etiology     | <input type="checkbox"/> psychology             |
| <input type="checkbox"/> complications       | <input type="checkbox"/> genetics     | <input type="checkbox"/> radiotherapy           |
| <input type="checkbox"/> congenital          | <input type="checkbox"/> history      | <input type="checkbox"/> rehabilitation         |
| <input type="checkbox"/> diagnosis           | <input type="checkbox"/> immunology   | <input type="checkbox"/> surgery                |
| <input type="checkbox"/> diagnostic imaging  | <input type="checkbox"/> metabolism   | <input type="checkbox"/> therapy                |
| <input type="checkbox"/> diet therapy        | <input type="checkbox"/> microbiology | <input type="checkbox"/> urine                  |
| <input type="checkbox"/> drug therapy        | <input type="checkbox"/> mortality    | <input type="checkbox"/> veterinary             |
| <input type="checkbox"/> economics           | <input type="checkbox"/> nursing      | <input type="checkbox"/> virology               |
| <input type="checkbox"/> embryology          | <input type="checkbox"/> parasitology |   |

☐ Restrict to MeSH Major Topic.

☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C08.127.108, C08.381.495.108, C08.674.095, C20.543.480.680.095

MeSH Unique ID: D001249

Entry Terms:

- Asthmas
- Bronchial Asthma
- Asthma, Bronchial

See Also:

- [Anti-Asthmatic Agents](#)

[All MeSH Categories](#)

[Diseases Category](#)

[Respiratory Tract Diseases](#)

[Bronchial Diseases](#)

**Asthma**

[Asthma-Chronic Obstructive Pulmonary Disease Overlap Syndrome](#)

[Asthma, Aspirin-Induced](#)

[Asthma, Exercise-Induced](#)

[Asthma, Occupational](#)

[Cough-Variant Asthma](#)

[Status Asthmaticus](#)

[All MeSH Categories](#)

[Diseases Category](#)

[Respiratory Tract Diseases](#)

[Lung Diseases](#)

[Lung Diseases, Obstructive](#)

**Asthma**

[Asthma-Chronic Obstructive Pulmonary Disease Overlap Syndrome](#)

[Cough-Variant Asthma](#)

## Exercise

Physical activity which is usually regular and done with the intention of improving or maintaining PHYSICAL FITNESS or HEALTH. Contrast with PHYSICAL EXERTION which is concerned largely with the physiologic and metabolic response to energy expenditure.

Year introduced: 1989

PubMed search builder options

Subheadings:

☐ adverse effects

☐ classification

☐ genetics

☐ history

☐ immunology

☐ physiology

☐ psychology

☐ standards

☐ statistics and numerical data

☐ trends

☐ Restrict to MeSH Major Topic.

☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): G11.427.410.698.277, I03.350

MeSH Unique ID: D015444

Entry Terms:

- Exercises
- Physical Activity
- Activities, Physical
- Activity, Physical
- Physical Activities
- Exercise, Physical

Previous Indexing:

- [Exertion \(1966-1988\)](#)
- [Physical Fitness \(1966-1988\)](#)

See Also:

- [Exercise Therapy](#)
- [Physical Exertion](#)
- [Physical Fitness](#)
- [Sports](#)
- [Exercise Movement Techniques](#)

All MeSH Categories

Phenomena and Processes Category

Musculoskeletal and Neural Physiological Phenomena

Musculoskeletal Physiological Phenomena

Movement

Motor Activity

**Exercise**

Cool-Down Exercise

Exergaming

Gymnastics

Muscle Stretching Exercises

Physical Conditioning, Animal

Physical Conditioning, Human

Circuit-Based Exercise

Endurance Training

High-Intensity Interval Training

Plyometric Exercise

Resistance Training

Post-Exercise Recovery

Preoperative Exercise

Running

Jogging

Marathon Running

Swimming

Walking

Nordic Walking

Stair Climbing

Warm-Up Exercise

All MeSH Categories

Anthropology, Education, Sociology and Social Phenomena Category

Human Activities

**Exercise**

Compulsive Exercise

Cool-Down Exercise

Exergaming

Gymnastics

Muscle Stretching Exercises

Physical Conditioning, Human

Circuit-Based Exercise

Endurance Training

High-Intensity Interval Training

Plyometric Exercise

Resistance Training

Post-Exercise Recovery

Preoperative Exercise

Running

Jogging

Marathon Running

Swimming

Walking

Nordic Walking

Stair Climbing

Warm-Up Exercise

<https://www.wordhippo.com/>



## What is another word for **exercise**?



Need *synonyms for exercise*? Here's a list of *similar words* from our *thesaurus* that you can use instead.

### Contexts ▼

#### Noun

Activity requiring physical effort, carried out to sustain or improve health and fitness

The use or application of a faculty, right, or process

A task set to test a skill or to prove a point

... more ▼

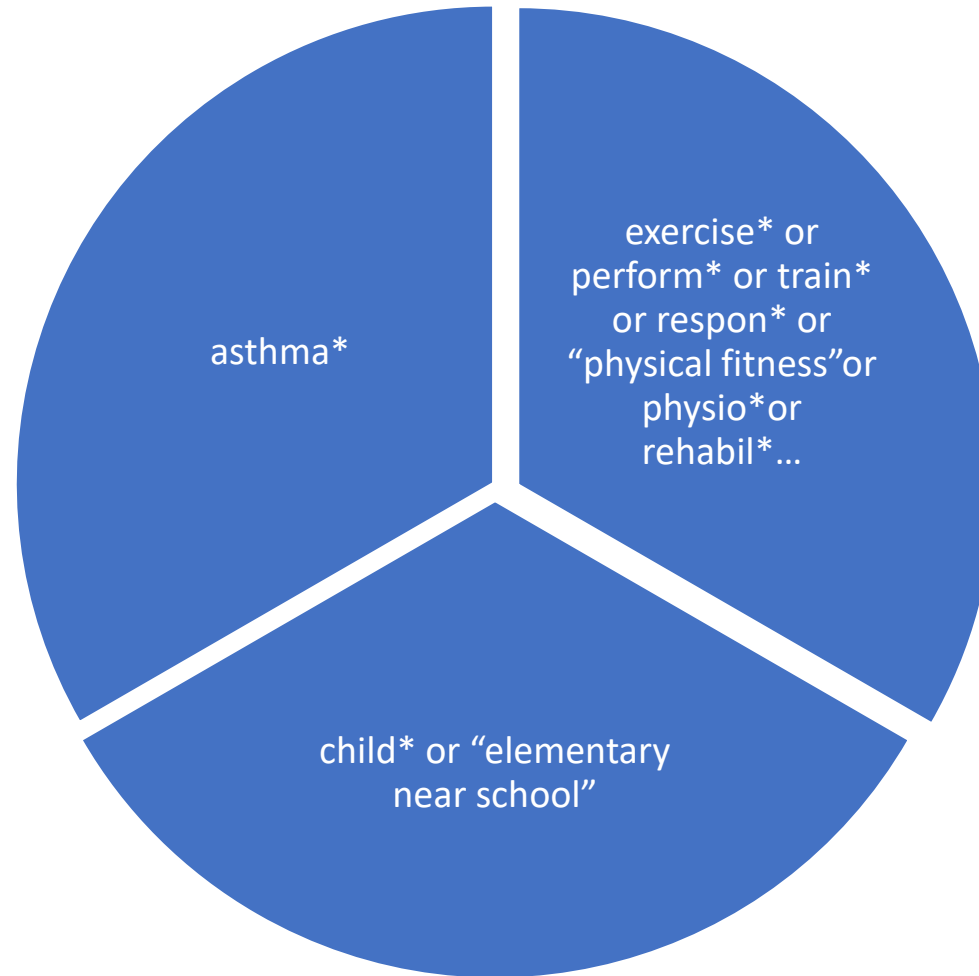
### Noun ▲

Activity requiring physical effort, carried out to sustain or improve health and fitness

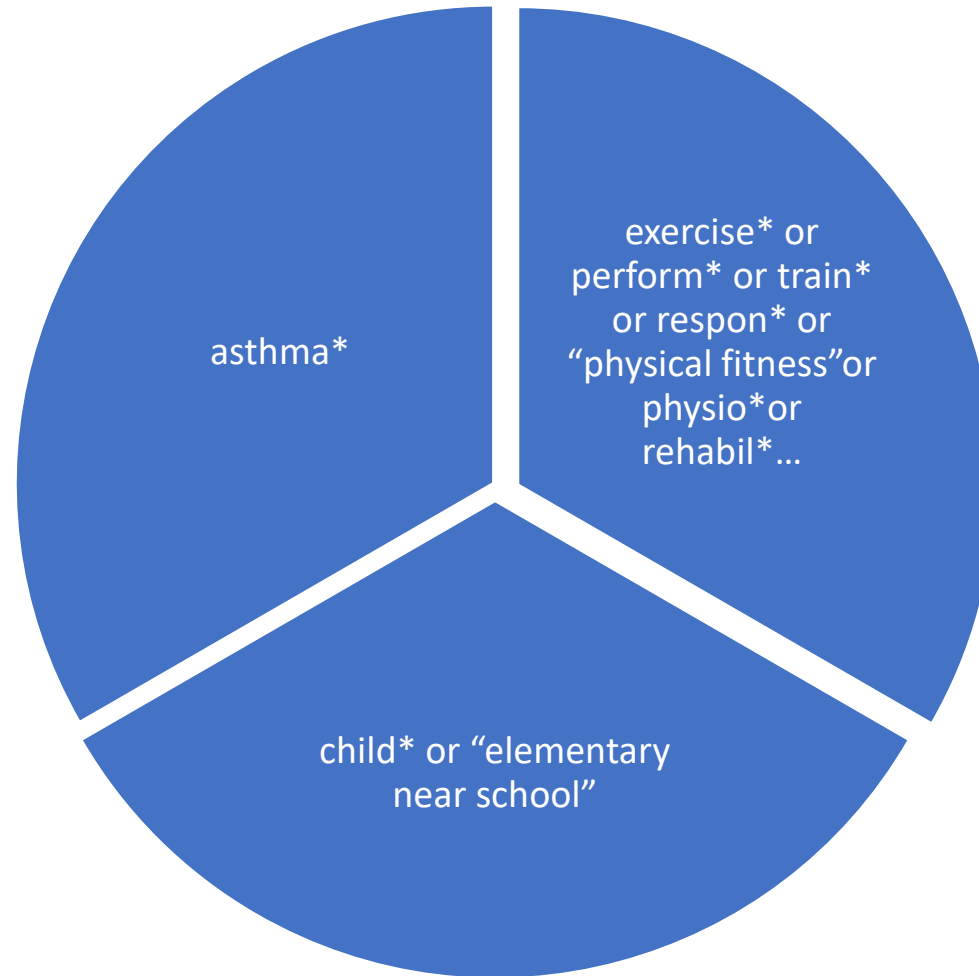
training activity fitness exercising keeping fit working out  
exertion movement sports gym staying fit workouts  
physical activity physical movements physical training conditioning  
action games practice practise drills workout  
physical education PT PE aerobics gymnastics  
physical exercise athletics P.E. [more >](#)

*"I believe that engaging in **exercise** isn't just beneficial for your health, but also does wonders for relieving stress."*

What are the challenges faced by practitioners treating children with asthma by exercise?



What are the challenges faced by practitioners treating children with asthma by exercise?



Google, Advanced Google,  
Google Scholar...

MEDLINE, Embase, Education  
Source, Sport Discuss, Web of  
Science Core Collection,  
Academic Search Premier...

2000+, English language,  
scholarly peer reviewed  
articles...

challeng\* or barrier\* or role  
or roles or outcome\* or  
treatment\* or intervention\*  
or approach\* or behav\*...

Zotero

Zotero

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## Kinesiology

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find more library help on our  
[Research Support](#) page.

# Kinesiology

## What is this guide for?

This guide has been designed as a general program guide and is curated by [Brock librarians](#). It features links to most often used resources such as databases for books, peer-reviewed journal articles, theses, dissertations, open educational resources (OEDs), systematic reviews, and more. Use the tabs on the left to navigate through the web page.

Selective course-related guides are provided when appropriate every term.

KINE 1P93 Library Seminar Fall 2023 ppt [slides](#) (PDF) and [video](#).

KINE Stuff Fall 2023 ppt [slides](#) (PDF)

KINE Honors Students Library Seminar Fall 2023 ppt [slides](#) (PDF)

KINE 4P84 Library Library Seminar Winter 2024 ppt [slides](#) (PDF) and [video](#).

[PubMed: Building a Search](#) (John Hopkins Welch Medical Library, 2022, YouTube, 17:13)



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find more library help on our  
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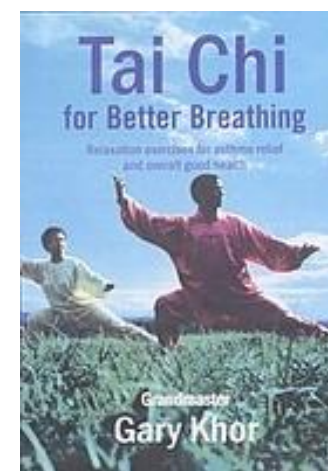
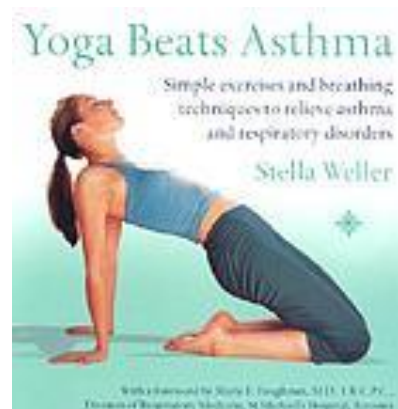
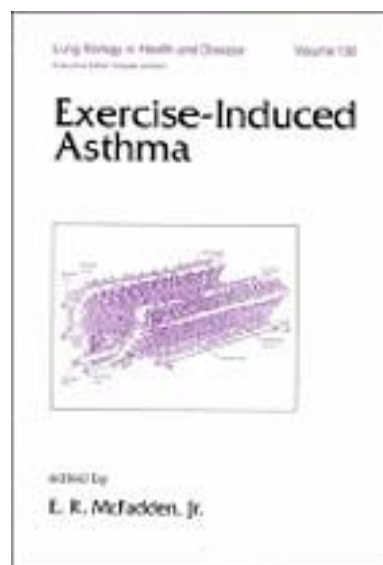
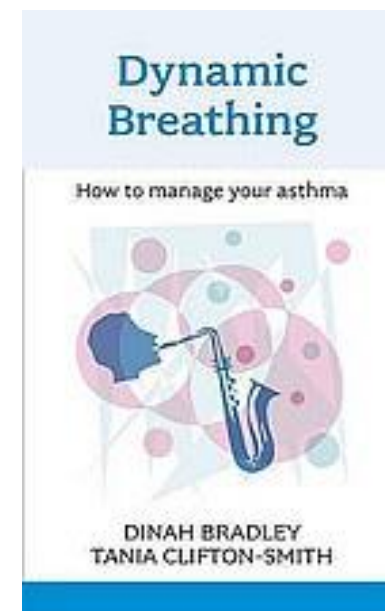
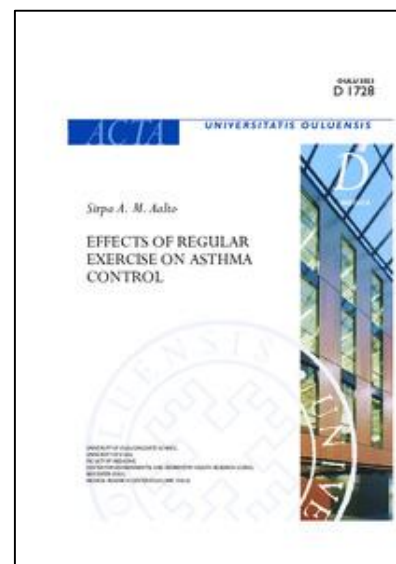
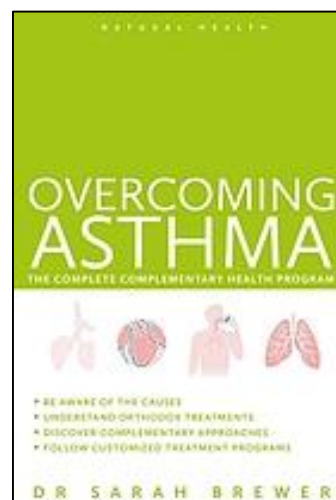
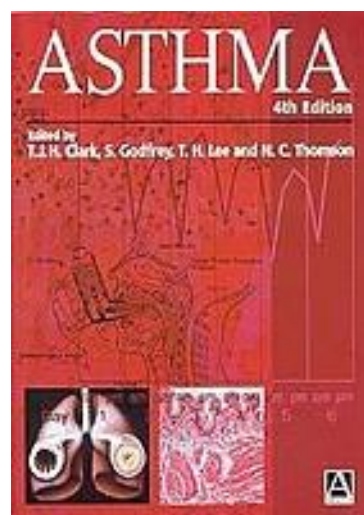
## Books

Kinesiology scholarly books or ebooks range from introductory textbooks, handbooks, and subject-specific resources. A select list of [databases](#) that identify books/ebooks are listed below.

The most straightforward way to find books is by using [Omni](#) our local search interface!

## Book & E-Book databases

- [Omni](#) 
  - Brock's largest Interdisciplinary search tool
  - Millions of journal articles, books & ebooks, newspapers, videos, magazines and more!
- [Google Books](#)  
Select "Limited preview and full view" and "Books" for best results.
- [Directory of Open Access Books \(DOAB\)](#) 
  - Interdisciplinary
  - Find full text, peer-reviewed books and edited volumes.
  - [Terms of Use from Publisher Site](#)
- [WorldCat](#) 
  - World's largest network of library-based collections.
  - Search library catalogues from around the world for books, audiovisual materials, videos, digital files, theses and journal articles.
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find more library help on our  
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## Grey Literature

Grey literature **databases** identify resources that are key to research and scholarship. Many are open resources that go through a quality control process before they are published.

**Definitions** are scholarly dictionaries, encyclopedias and handbooks that help define terms and provide additional context.

*Concise Medical Dictionary* (2020) *Taber's Cyclopedic Medical Dictionary* (2021) *Dictionary Plus: Medicine and Health* (2016)

*Gale Encyclopedia of Fitness* (2017)

*Encyclopedia of Sports Medicine* (2011)

*Encyclopedia of Exercise Medicine in Health and Disease* (2012)

*Oxford Encyclopedia of Sport, Exercise, and Performance Psychology* (2019)

*Oxford Companion to the Body* (2001)

*Routledge International Encyclopedia of Sport and Exercise Psychology* (2020, 2 volumes)

Occupational Health and **Safety** information is essential to dealing with injuries, accidents, government and regulatory information.

**Theses and Dissertations** are important unpublished resources granted and retained by universities as capstone projects, these, and dissertations.

**Open Education Resources** (OERs) are digital ebooks and learning objects that can be used as open textbooks on a wide variety of general and disciplinary subjects.

**Systematic Reviews and Evidence Synthesis** research involves specialty **databases** and resources.

of this fungus is an odd impossibility because it is present in the environment virtually everywhere. Research efforts are being directed at enhancing patients' resistance to *Aspergillus* rather than trying to eliminate exposure to the fungus. Given the growing number of people with immune disorders or whose immune systems have been suppressed in the course of treating another disease, research and clinical trials for new antifungal agents will be increasingly important in the future.

### Public health role and response

The CDC takes several steps to combat fungal diseases such as aspergillosis. The Mycotic Diseases

## GALE ENCYCLOPEDIA OF ENVIRONMENTAL HEALTH, 2<sup>ND</sup> EDITION

# Asthma

## Definition

Asthma is a chronic inflammatory disease of the airways, the body's breathing tubes, consisting of the bronchi and smaller bronchioles in the upper part of the lungs. Persistent inflammation in the airways tissue in the muscular walls of the airway to swell extra mucus to be produced. The airways become narrowed, blocking air flow and trapping air in the lungs. As a result, individuals with asthma have symptoms

### Yoga and yogic breathing techniques

Some studies have shown that yoga significantly helps people with asthma by teaching exercises specifically designed to expand the lungs, promote deep breathing, and reduce stress. Pranayama is the yogic science of breathing, which includes hundreds of deep breathing techniques. These breathing exercises may be done daily as part of any treatment program for asthma, as they are an effective and inexpensive measure that can be done anywhere.

### Controlled exercise

Many people, including parents of children with asthma, believe that people with asthma should not exercise. Many parents believe it is dangerous for their asthmatic children to participate in sports or physical exercise, but physical activity has been shown to benefit all children, including those with asthma. Parents are advised to work with their children's healthcare providers and any coach or organized sport leader to help plan and then carefully monitor their children's physical activities.

### Acupuncture

Acupuncture can be an effective treatment for asthma. It is used in TCM along with dietary changes. Acupressure also can be used as a self-treatment and prevention for asthma attacks. The Lung 1 points in acupuncture, used to stimulate breathing, can be found on the chest easily. These are sensitive, often knotted spots on the muscles that run horizontally about an inch below the collarbone and about two

### Prognosis

More than half of all asthma cases in children resolve by young adulthood, but in some children with chronic infection and/or exposure to environmental pollution, cigarette smoke, and allergens, resolution may be less likely. Infants and toddlers who have persistent wheezing even without viral infections and those who have a family history of allergies are most likely to continue to have asthma into the school-age years.

Most individuals with asthma respond well once the proper drug or combination of drugs is found and are able to lead relatively normal, active lives. A relatively few individuals will have progressive breathing difficulties and run the risk of respiratory failure requiring intensive treatment. About 3,400 individuals in the United States die from asthma each year.

### Prevention

Exposure to the common allergens and irritants that provoke asthmatic attacks often can be reduced or avoided by implementing the following preventive measures:

- Identify the specific trigger of asthma attacks. Reducing exposure to known triggers is the best way to prevent attacks.
- If the individual is sensitive to a family pet, remove the animal from the home. If this is not acceptable, keep the pet out of the bedroom (with the bedroom door closed), remove carpeting, and keep the animal away from upholstered furniture.

### Exercise-induced asthma

Individuals who do not have allergies may still develop a form of asthma triggered by aerobic exercise. These exercise-induced episodes can last for several minutes and leave the individual gasping for breath. About 12%–15% of Americans who do not have allergies are estimated to be susceptible to exercise-induced asthma; rates as high as 40%–90% have been reported among individuals who do have allergies. Inhaling cold air, aerobic exercise lasting more than ten minutes or shorter periods of very heavy aerobic exercise tend to trigger an exercise-induced asthma attack in susceptible individuals. Exposure to airborne pollutants and certain chemicals (e.g., chlorine in pools, herbicides on a playing field) appear to increase the likelihood of asthma episodes in sensitive individuals.

### Causes and symptoms

Causes and symptoms vary between individuals. Not every person with asthma has the same symptoms and even common symptoms may manifest in response to different triggers. Some children have an asthma attack when running or playing hard, especially in cold weather. Upper respiratory infections, laughing, and crying hard can all cause an asthma attack. Periods of time pass without symptoms in some individuals, whereas others may have symptoms daily. Mild asthma attacks are more common than severe attacks, which last longer and require immediate medical care.

### Causes

beta-blocker drugs, especially in adults.

Inhaling tobacco smoke, either from smoking or being around people who are smoking, can irritate the airways and trigger an asthmatic attack. Air pollutants such as wood smoke can have a similar effect. In addition, three factors regularly produce attacks in certain asthmatic individuals and may sometimes be the sole cause of symptoms:

- inhaling cold air (cold-induced asthma)
- exercising hard
- having stress or heightened anxiety

### Symptoms

Asthma attacks are usually accompanied by warning signs and rarely happen without them. The most common warning signs are:

- lack of appetite, fatigue, headache, or coughing (especially at night)
- dark circles under the eyes, less tolerance for exercise
- tightness or pressure in the chest
- shortness of breath
- wheezing

Wheezing is often obvious, but mild asthma attacks may be confirmed only when the physician listens to the chest with a stethoscope. Besides wheezing and being short of breath, individuals may cough and/or may report a feeling of tightness in the chest. Wheezing is often loudest when individuals breathe out (exhale) in an attempt to expel air through the narrowed airways. Some people with asthma are free of symptoms most of the time but occasionally may

Cramer, D. A., MD, & Culvert, L. L. (2019). Asthma. In J. L. Longe (Ed.), *The Gale Encyclopedia of Environmental Health* (2nd ed., Vol. 1, pp. 53-62). Gale.  
<https://link.gale.com/apps/doc/CX2491100031/GVRL?u=st46245&sid=bookmark-GVRL&xid=9e5acd0f>

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## Articles

Journal articles are scholarly works that go through a quality control process called **peer-review** before they are published.

MEDLINE is available via **OVID**, **PubMed**, **SciFinder-n** and **Web of Science Complete**. Web of Science Complete includes Web of Science Core Collection, BIOSIS and more.

Several databases provide access to regional, national and international **news** articles.

A select list of **databases** that include scholarly articles are listed below.

- **Google Scholar** [↗](#)

- Find Peer-reviewed papers, theses, books, societies, repositories, universities and more.
- Off-Campus access to Brock resources follows:
  1. Click on **Scholar Settings**
  2. Select 'Library links' from the left menu
  3. Type Brock in the Library links box
  4. Select Brock in the resulting list
  5. Click on the 'Save' button
  6. Follow the Find it @ Brock links to access

- **Web of Science Core Collection** [↗](#)

- Scholarly resources across all disciplines
- Access to Cited Reference searching.
- Includes Proquest Dissertations and Theses
- **Permitted Uses**  
[more info...](#)

- **Sport Discus** [↗](#)

- Scholarly literature covering all aspects of sport including, recreation, exercise physiology, sports medicine, coaching, physical fitness, the psychology, history and sociology of sport, training, and conditioning.
- Find journal articles and book content.
- **Permitted Uses**  
[more info...](#)

- **MEDLINE - via OVID** [↗](#)

- International literature on biomedicine, allied health fields and biological and physical sciences, humanities, and information science as they relate to medicine and health care.
- Coverage: 1946-current
- **Permitted Uses**  
[more info...](#)

- **Embase** [↗](#)

- Comprehensive biomedical database including more than 30 million records from more than 8,500 journals.
- Notable coverage of drug and pharmaceutical research, pharmacology and toxicology as well as robust international content.
- Coverage: 1974-current
- **Permitted Uses**

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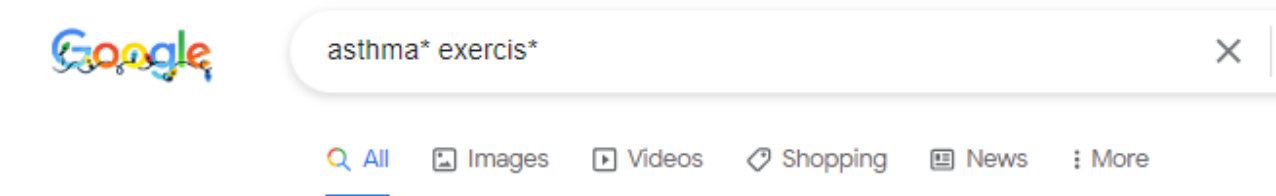
Academic Search Complete, AgeLine, [BASE](#), BioOne Complete, [bioRxiv](#), CINAHL Complete, [CORE](#), [Dimensions](#), [Directory of Open Access Journals \(DOAJ\)](#), Education Source, [Elicit](#), Embase, [figshare](#), Gender Studies Database, [Google](#), [Advanced Google](#), [Google Books](#), [Google Scholar](#), [Keenious](#), [MEDLINE via PubMed](#), MEDLINE via OVID, MEDLINE via Web of Science Complete, Omni, [Open Alex](#), [ORCID](#), [OSF Preprints](#), Oxford Reference, [Paperity](#), [PLOS](#), Politics Collection, ProQuest Sociology Collection, PsycINFO, [ResearchGate](#), [ResearchRabbit](#), Scholars Portal E-Journals, [SciELO](#), [Scite](#), [Scilit](#), ~~Scopus~~, [Semantic Scholar](#), Sport Discus, [The Lens](#), Web of Science Core Collection, [WorldWideScience.org](#), [WorldCat](#), [Zenodo](#)...

MEDLINE, Embase, Web of Science Core Collection, Sport Discuss, Education Source, Academic Search Complete...

MEDLINE via [PubMed](#), via Web of Science Complete...



https://www.google.ca/



## People also ask

What exercise is best for asthma?



Is it OK to exercise with asthma?



What is the difference between asthma and exercise-induced asthma?



What is the name for exercise asthma?



Feedback



Asthma Canada

<https://asthma.ca> › [get-help](#) › [exercising-asthma](#)

### Asthma & Exercise

It's important to note that the benefits of regular exercise almost always outweigh the risks associated with **exercise-induced asthma**. These benefits include: ...



Mayo Clinic

<https://www.mayoclinic.org> › [syc-20372300](#)

### Exercise-induced asthma - Symptoms & causes

Exercise-induced asthma is **when the airways narrow or squeeze during hard physical activity**. It causes shortness of breath, wheezing, coughing, and other ...

[Overview](#) · [Symptoms](#) · [When to see a doctor](#) · [Causes](#)



Healthline

<https://www.healthline.com> › [health](#) › [exercise-for-as...](#)

### Exercise for Asthma: Best Exercises, Benefits, and More

Jan 28, 2020 — What exercises are best for people with asthma? · [Swimming](#) · [Walking](#) ·

[Hiking](#) · [Recreational biking](#) · [Short-distance track and field](#) · [Sports](#) ...

[Exercise and asthma](#) · [Best exercises](#) · [Tips for exercising with asthma](#)



Johns Hopkins Medicine

<https://www.hopkinsmedicine.org> › [health](#) › [asthma-a...](#)

### Asthma and Exercise

However, don't completely avoid exercise. In fact, **exercise is very beneficial to people with asthma**. It can improve their airway function by strengthening ...

https://www.google.ca/advanced\_search

Google

Advanced Search

Find pages with...

all these words:

exercise asthma children

this exact word or phrase:

any of these words:

training performance rehabilitation therap\*

none of these words:

numbers ranging from:

to

Then narrow your results by...

language:

any language

region:

any region

last update:

anytime

site or domain:

terms appearing:

in the title of the page

file type:

Adobe Acrobat PDF (.pdf)

usage rights:

not filtered by license

Advanced Search



IDEA Health & Fitness Association

<https://www.ideafit.com> > personal-training > what-ar... ⋮

## "What are your suggestions for working with clients who ...

Feb 8, 2018 — The trick to training clients who have exercise-induced asthma is in the warm-up. Warm-ups that have intense bouts with rest between them ...



American College of Allergy, Asthma and Immunology

<https://acaai.org> > Asthma > Types of Asthma ⋮

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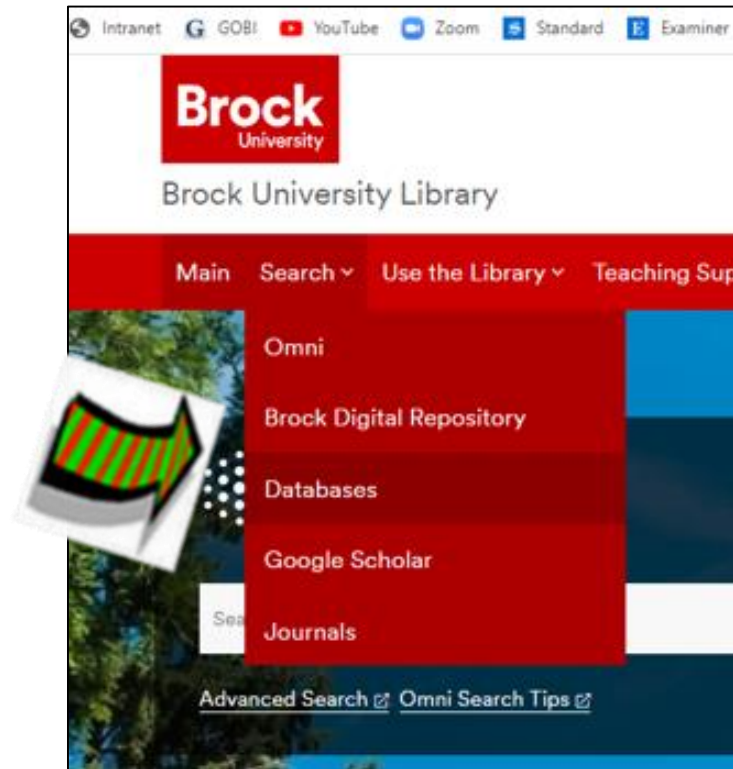
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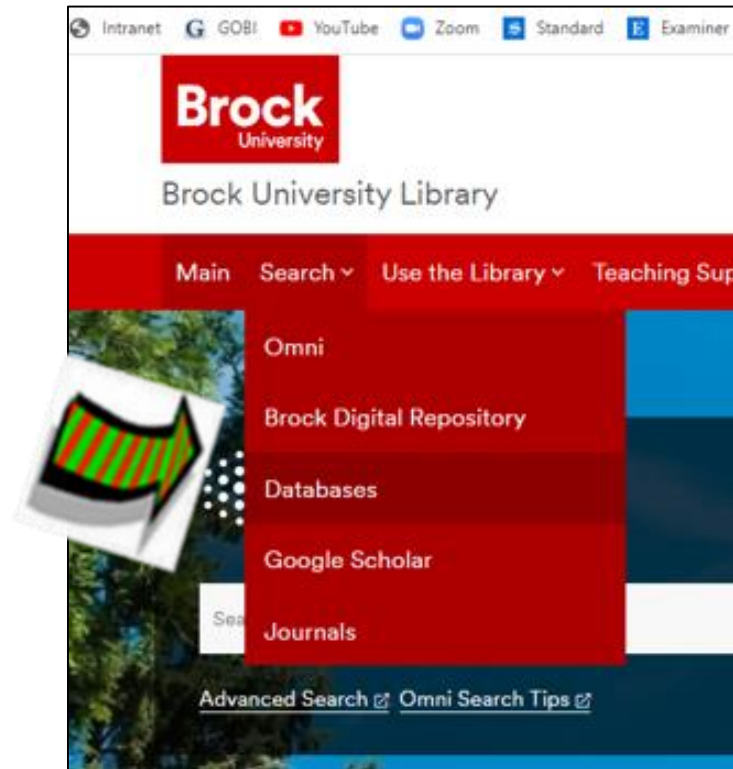
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# Physical activity and quality of life in children with well-controlled asthma.

Authors:	<a href="#">Peftoulidou, Pauline</a> <sup>1</sup> (AUTHOR) <a href="#">Gioulvanidou, Maria</a> <sup>1</sup> (AUTHOR) <a href="#">Chrysochoou, Elissavet-Anna</a> <sup>1</sup> (AUTHOR) <a href="#">Hatziaorou, Elpis</a> <sup>1</sup> (AUTHOR)
Source:	<a href="#">Journal of Asthma</a> . May2023, Vol. 60 Issue 5, p1031-1037. 7p.
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Subject Terms:	<a href="#">*ASTHMA in children</a> <a href="#">*PHYSICAL activity</a> <a href="#">*QUALITY of life</a> <a href="#">*WHEEZE</a> <a href="#">*JUVENILE diseases</a> <a href="#">*PEDIATRIC clinics</a>
Author-Supplied Keywords:	<a href="#">asthma</a> <a href="#">physical activity</a> <a href="#">quality of life</a> <a href="#">questionnaire</a>
NAICS/Industry Codes:	<a href="#">622310</a> Specialty (except Psychiatric and Substance Abuse) Hospitals <a href="#">621110</a> Offices of physicians <a href="#">622112</a> Paediatric hospitals <a href="#">622110</a> General Medical and Surgical Hospitals <a href="#">621111</a> Offices of Physicians (except Mental Health Specialists)
Abstract:	Asthma is the most common disease in childhood. Appropriate management and programs encouraging exercise enable children to enjoy a good quality of life (QoL). To assess the association between lung function, physical activity (PA), and QoL in children with well-controlled asthma. Fifty-four children aged 7–14 years attending a Pediatric Asthma Clinic were included. All children underwent spirometry and completed three self-administered validated questionnaires: The Godin Leisure-Time Exercise Questionnaire (GLTEQ), the ACT (Asthma Control Test), and the DISABKIDS for QoL. Mean age of the study population was 11.43(±2.1), BMI, kg/m2 (20.8 ± 3.9), FVCpp (97.1% ±12.4), and FEV1pp (99.7% ±12.43), ACT (23.4 ± 3). The GLTEQ revealed that only 3% of the studied population presented satisfactory activity, while 86% were sedentary. Both FEV1pp, and PA were significantly correlated to the children's QoL ((r2: 0.55, p:0.0001), and (r2:0.45, p:0.003), respectively). Despite reasonable asthma control, the children exhibited low physical activity levels, which negatively correlated to their QoL. Families of asthmatic children should be educated to highlight the benefits of exercise and increase the PA of their children. [ABSTRACT FROM AUTHOR]

Peftoulidou, P., Gioulvanidou, M., Chrysochoou, E.-A., & Hatziaorou, E. (2023). Physical activity and quality of life in children with well-controlled asthma. *Journal of Asthma*, 60(5), 1031–1037. <https://doi.org/10.1080/02770903.2022.2123742>



## Physical activity and quality of life in children with well-controlled asthma

Pauline Pefoulidou, MSc, Maria Gioulvanidou, MD, Elissavet-Anna Chrysochoou, MD, PhD and  
Elpis Hatzigorou, MD, PhD 

Paediatric Pulmonology Unit, 3rd Paediatric Department, Aristotle University of Thessaloniki, Hippokraton Hospital, Thessaloniki, Greece

### ABSTRACT

**Background:** Asthma is the most common disease in childhood. Appropriate management and programs encouraging exercise enable children to enjoy a good quality of life (QoL).

**Objective:** To assess the association between lung function, physical activity (PA), and QoL in children with well-controlled asthma.

**Methods:** Fifty-four children aged 7–14 years attending a Pediatric Asthma Clinic were included. All children underwent spirometry and completed three self-administered validated questionnaires: The Godin Leisure-Time Exercise Questionnaire (GLTEQ), the ACT (Asthma Control Test), and the DISABKIDS for QoL.

**Results:** Mean age of the study population was 11.43(±2.1), BMI, kg/m<sup>2</sup> (20.8±3.9), FVCpp (97.1% ±12.4), and FEV1pp (99.7% ±12.43), ACT (23.4±3). The GLTEQ revealed that only 3% of the studied population presented satisfactory activity, while 86% were sedentary. Both FEV1pp, and PA were significantly correlated to the children's QoL ( $r^2$ : 0.55,  $p$ 0.0001), and ( $r^2$ :0.45,  $p$ 0.003), respectively).

**Conclusions:** Despite reasonable asthma control, the children exhibited low physical activity levels, which negatively correlated to their QoL. Families of asthmatic children should be educated to highlight the benefits of exercise and increase the PA of their children.

### ARTICLE HISTORY

Received 10 May 2022

Revised 30 August 2022

Accepted 7 September 2022

### KEYWORDS

asthma; quality of life; physical activity; questionnaire

### Introduction

Asthma remains the most frequent disease of childhood (1,2). It is estimated that almost one out of five children aged 13–14 years has asthma in English-speaking countries of North America, Europe, and Australasia, while an estimated 8.6% of the population aged 18–45 years report asthma symptoms (attacks of wheezing or whistling breath) in the past 12 months (3). In Greece, asthma is a significant contributor to total childhood morbidity. Following the global trend, the prevalence of asthma in Greece has been rising during the last three decades (4,5). The degree to which asthma affects health-related quality of life (HRQoL) depends on various factors, the most critical being asthma control (3,6). Appropriate asthma management can enable children to enjoy a good quality of life. Therefore, asthma management through additional individual exercise programs may positively affect daily problems by enhancing lung function and encouraging participation in collective activities despite the disease (7). Studies have also demonstrated that through exercise, asthma exacerbations are both

reduced and prevented (8). Therefore, physical activity (PA) can positively affect asthma control among asthmatic children by improving their physical fitness. This can reduce the threshold of triggers causing asthma symptoms, leading to decreased medication use and increased quality of life (9).

Current evidence shows that regular physical activity improves general health and can positively impact asthma outcomes, such as exercise capacity, asthma control, and quality of life (10,11). Despite this, many asthma patients do not engage in regular physical activity because they mistakenly believe they should restrict exercise participation. Children with well-controlled asthma should not refrain from physical activity (12,13).

The aim of the study was to assess PA and QoL among children with well-controlled asthma; the secondary aim was to evaluate the correlation between PA and lung function on the one hand, and QoL, on the other.

### Methods

In the present prospective study, 54 children aged 7–14 years (59% male, 41% female) with well-controlled

## MeSH terms

- Asthma\* / epidemiology
- Child
- Exercise
- Humans
- Quality of Life
- Spirometry
- Surveys and Questionnaires

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Schindel CS, Schiwe D, Heinzmann-Filho JP, Gheller MF, Campos NE, Pitrez PM, Donadio MVF

*Journal of Asthma*. 59(1):115-125, 2022 Jan.

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EXERCISE PHYSIOLOGY

## Determinants of exercise capacity in children and adolescents with severe therapy-resistant asthma

Cláudia Silva Schindel, PhD<sup>a</sup> , Daniele Schiwe, MSc<sup>a</sup> , João Paulo Heinzmann-Filho, PhD<sup>a</sup> ,  
Mailise Fátima Gheller, PT<sup>a</sup> , Natália Evangelista Campos, MSc<sup>a</sup> , Paulo Márcio Pitrez, PhD<sup>b</sup> , and  
Márcio Vinícius Fagundes Donadio, PhD<sup>a</sup> 

<sup>a</sup>Laboratório de Atividade Física em Pediatria, Centro Infantil, Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS), Porto Alegre, Brazil; <sup>b</sup>Centro Infantil, Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS) and Hospital Moinhos de Vento, Porto Alegre, Brazil

### ABSTRACT

**Objective:** To evaluate the exercise capacity of children and adolescents with severe therapy resistant asthma (STRA) aiming to identify its main determinants.

**Methods:** Cross-sectional study including individuals aged 6–18 years with a diagnosis of STRA. Clinical (age and gender), anthropometric (weight, height and body mass index) and disease control data were collected. Lung function (spirometry), cardiopulmonary exercise testing (CPET) and exercise-induced bronchoconstriction (EIB) test were performed.

**Results:** Twenty-four patients aged 11.5 ± 2.6 years were included. The mean forced expiratory volume in one second (FEV<sub>1</sub>) was 91.3 ± 9.2%. EIB occurred in 54.2% of patients. In CPET, the peak oxygen uptake (VO<sub>2peak</sub>) was 34.1 ± 7.8 mL · kg<sup>-1</sup> · min<sup>-1</sup>. A significant correlation between ventilatory reserve and FEV<sub>1</sub> ( $r = 0.57$ ;  $p = 0.003$ ) was found. Similarly, there was a significant correlation between CPET and percent of FEV<sub>1</sub> fall in the EIB test for both V<sub>E</sub>/VO<sub>2</sub> ( $r = 0.47$ ;  $p = 0.02$ ) and V<sub>E</sub>/VCO<sub>2</sub> ( $r = 0.46$ ;  $p = 0.02$ ). Patients with FEV<sub>1</sub> < 80% had lower ventilatory reserve ( $p = 0.009$ ). In addition, resting heart rate correlated with VO<sub>2peak</sub> ( $r = -0.40$ ;  $p = 0.04$ ), V<sub>E</sub>/VO<sub>2</sub> ( $r = 0.46$ ;  $p = 0.02$ ) and V<sub>E</sub>/VCO<sub>2</sub> ( $r = 0.48$ ;  $p = 0.01$ ).

**Conclusions:** Exercise capacity is impaired in approximately 30% of children and adolescents with STRA. The results indicate that different aspects of aerobic fitness are influenced by distinct determinants, including lung function and EIB.

### ARTICLE HISTORY

Received 22 July 2020  
Revised 10 September 2020  
Accepted 4 October 2020

### KEYWORDS

Aerobic fitness;  
exercise-induced  
bronchoconstriction; oxygen  
consumption; lung function;  
cardiopulmonary  
exercise testing

### Introduction

Asthma is a chronic obstructive respiratory disease that has a high prevalence among children and is considered a leading cause of hospitalization worldwide (1). Regarding disease severity, 5 to 10% of asthmatic patients have severe asthma (2,3), requiring high-dose prophylactic medication, such as inhaled corticosteroids, with variable response to drug therapy. A subset of children with severe asthma not responding adequately to treatment and not controlled despite best available clinical management has been classified as having severe therapy-resistant asthma (STRA) (4). Children with STRA have recurrent wheeze, cough, shortness of breath, disturbed sleep due to symptoms, continued use of medication, frequent emergency department visits and hospitalizations, missed school days and difficulty performing physical activities (5–7).

Reduced exercise tolerance is an important component of the disease that appears to be related to factors such as the degree of resting airflow obstruction, decreased ventilatory capacity, greater perceived dyspnea, and the occurrence of exercise-induced bronchoconstriction (EIB). These factors may contribute to premature cessation of physical activity, leading to a more sedentary lifestyle (5–8). However, it remains unclear which mechanisms are associated with the level of physical fitness in patients with STRA. Therefore, the assessment of exercise capacity is an important tool to objectively measure exercise intolerance, allowing for a safe and individualized exercise prescription (6,9). Cardiopulmonary exercise testing (CPET) is considered the gold standard for assessing exercise capacity, providing objective information on the level of physical fitness and the main determinants of exercise intolerance (10). Previous studies have also

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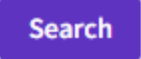
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Jiang, Jing; Zhang, Dong; (...); Zhang, Wei

2022-12 | Pediatric pulmonology 57 (12) , pp.2915-2927

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Lang, Jason E

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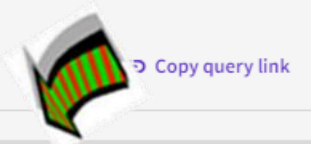
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Geiger, Katharina R and Henschke, Nicholas

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The impact of exercise on asthma.

Lang, Jason E

2019-04 | Current opinion in allergy and clinical immunology 19 (2) , pp.118-125

PURPOSE OF REVIEW: Asthma is one of the most common chronic diseases in children and adults in developed countries around the world. Despite international treatment guidelines, poor asthma control remains a frequent problem leading to missed school and work, and emergency room visits and hospitalizations. Many patients with asthma report exercise as a trigger for their asthma, which likely lead ... Show more

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☐ 1 Advances in pulmonary rehabilitation for children with bronchial asthma.



支气管哮喘患儿肺康复临床研究进展.

Qian, Kongjia; Xu, Hongzhen; (...); Zheng, Ying

2023-aug-25 | Zhejiang da xue xue bao. Yi xue ban = Journal of Zhejiang University. Medical sciences 52 (4) , pp.518-525

Bronchial asthma is a heterogeneous disease characterized by chronic airway inflammation and airway hyperresponsiveness. With the development of the whole-life-cycle health concept, the focus of treatment for bronchial asthma in children has gradually shifted from pharmacological control to an integrated management model of functional rehabilitation and pharmacological assistance. As a non-phar ... Show more

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☐ 2 The effect of pulmonary rehabilitation on childhood asthma: a systematic review and meta-analysis.

Jin, Guoping; Jiang, Yuan; (...); Zhu, Jihua

2023-aug | Minerva pediatrics 75 (4) , pp.604-613

INTRODUCTION: Pulmonary rehabilitation (PR) is a comprehensive nursing intervention for lung function improvement in patients with respiratory diseases. This systematic review focused on further exploration of the unclear impacts of PR on childhood asthma.

EVIDENCE ACQUISITION: Web of Science, Cochrane Library, Embase, PubMed, and other databases were searched until May 2 ... Show more

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[Lucas, Sean R](#) and [Platts-Mills, Thomas A E](#)



2005-may | [The Journal of allergy and clinical immunology](#) 115 (5) , pp.928-34

There is little doubt that the cause of the increased prevalence and severity of asthma is multifactorial. Although the factors of allergen exposure and hygiene are almost certainly necessary for its development, there is a growing body of literature that implicates lifestyle change, specifically decreased physical activity, as a contributor to the increase in asthma prevalence and severity. See ... [Show more](#)

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2005-mar | [Annals of allergy, asthma & immunology : official publication of the American College of Allergy, Asthma, & Immunology](#) 94 (3) , pp.366-71

BACKGROUND: Exercise-induced dyspnea (EID) in children and adolescents is a common manifestation of asthma and is therefore commonly attributed to exercise-induced asthma (EIA) when present in otherwise healthy children.

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There is little doubt that the cause of the increased prevalence and severity of asthma is multifactorial. Although the factors of allergen exposure and hygiene are almost certainly necessary for its development, there is a growing body of literature that implicates lifestyle change, specifically decreased physical activity, as a contributor to the increase in asthma prevalence and severity. Se ... [Show more](#)

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[Fanelli, Adriana; Cabral, Anna Lucia Barros; \(...\); Carvalho, Celso Ricardo Fernandes](#)



2007-sep | [Medicine and science in sports and exercise](#) 39 (9) , pp.1474-80

PURPOSE: Aerobic training has been shown to be effective in improving cardiopulmonary fitness in asthmatic children. However, the actual impact of physical training on clinical indicators of disease control remains controversial.  
METHODS: Thirty-eight children with moderate to severe persistent asthma were randomly assigned to control (N=17) and tr ... [Show more](#)

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Volume: 18 Page: eAO4936

DOI: [10.31744/einstein\\_journal/2020AO4936](https://doi.org/10.31744/einstein_journal/2020AO4936)

Published 2019-11-07 2020

Indexed 2019-12-19

Document Type Journal Article; Observational Study

### Abstract

**OBJECTIVE:** Santos, A. P. D., Strassburger, M., Roncada, C., Stein, R. T., Pitrez, P. M., & Strassburger, S. Z. (2019). Effect of physical activity on asthma control in schoolchildren. *Einstein* (São Paulo), 18, eAO4936.

**METHODS:** A cross-sectional study was conducted with schoolchildren and a median age of 10.9 years. The study aimed to evaluate the effect of physical activity on asthma control.

**RESULTS:** A total of 482 schoolchildren with asthma participated in the study, with mean age of 10.9±2.2 years, and 253 (52%) were girls. Regarding disease control, 50% had controlled asthma, and 67% were considered sedentary. Schoolchildren with controlled asthma were more active than those with uncontrolled asthma (p=0.032). Active schoolchildren were more likely to have asthma controlled (OR=1.5; 95%CI: 1.04-2.25).

**CONCLUSION:** The results demonstrated an association between physical activity levels and asthma control. More active schoolchildren were more likely to have asthma controlled.

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## Conflict of interest:

none.

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# Effect of physical activity on asthma control in schoolchildren

Efeito da atividade física no controle da asma em escolares

Ana Paula dos Santos<sup>1</sup>, Márcio Júnior Strassburger<sup>1</sup>, Cristian Roncada<sup>2</sup>, Renato Tetelborn Stein<sup>3</sup>, Paulo Márcio Pitrez<sup>2</sup>, Simone Zeni Strassburger<sup>1</sup>

<sup>1</sup> Universidade Regional do Noroeste do Estado do Rio Grande do Sul, Ijuí, RS, Brazil.

<sup>2</sup> Centro Universitário da Serra Gaúcha, Caxias do Sul, RS, Brazil.

<sup>3</sup> Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, RS, Brazil.

DOI: 10.31744/einstein\_journal/2020AO4936

## ABSTRACT

**Objective:** To investigate the effect of levels of physical activity on asthma control in children.

**Methods:** A cross-sectional study, including public school students aged 8 to 12 years, of both sexes, with asthma, from a capital and a medium-sized cities in Southern Brazil. At home, the students answered the questionnaire on levels of physical activity and disease control. **Results:** A total of 482 schoolchildren with asthma participated in the study, with mean age of  $10.9 \pm 2.2$  years, and 253 (52%) were girls. Regarding disease control, 50% had controlled asthma, and 67% were considered sedentary. Schoolchildren with controlled asthma were more active than those with uncontrolled asthma ( $p=0.032$ ). Active schoolchildren were more likely to have asthma controlled (OR=1.5; 95%CI: 1.04-2.25). **Conclusion:** The results demonstrated an association between physical activity levels and asthma control. More active schoolchildren were more likely to have asthma controlled.

**Keywords:** Asthma; Exercise; Sedentary behavior; Child; Adolescent

## RESUMO

**Objetivo:** Investigar o efeito dos níveis de atividade física no controle da asma em crianças.

**Métodos:** Estudo transversal, incluindo escolares da rede pública, de 8 a 12 anos, de ambos os sexos, com asma, de uma capital e de uma cidade de porte médio da Região Sul do Brasil. Os escolares responderam, em seus domicílios, um questionário de níveis de atividade física e de controle da doença. **Resultados:** Participaram da pesquisa 482 escolares com asma, com média de idade de  $10,9 \pm 2,2$  anos, e 253 (52%) eram meninas. Quanto ao controle da doença, 50% apresentavam asma controlada e 67% foram considerados sedentários. Os escolares com asma controlada foram mais ativos do que os com asma não controlada ( $p=0,032$ ). Os escolares ativos tiveram mais chance de ter a asma controlada (RC=1,5; IC95%: 1,04-2,25). **Conclusão:** Os resultados demonstraram associação entre os níveis de atividade física e controle da asma. Os escolares mais ativos apresentaram mais chance de ter a asma controlada.

**Descritores:** Asma; Exercício; Comportamento sedentário; Criança; Adolescente

## INTRODUCTION

Asthma is considered the most prevalent chronic disease in the pediatric age groups, affecting from 8.7 to 30.8% of this population in different Latin American countries.<sup>(1)</sup> Due to its multifactorial etiology, compliance with treatment and control of the disease can be influenced by various factors.<sup>(1,2)</sup> Absence of adequate control results in exacerbations and hospitalizations. In Brazil, there are approximately 110 hospitalizations for every 100 thousand

# MeSH terms

- Adolescent
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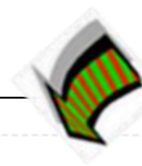
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<div><div>The role of physical training in asthma.</div><div><div>C. J. Clark</div></div><div><div>Chest</div></div><div><div>1992 60 citations</div><div>DOI</div></div></div>	Medically supervised training can significantly improve cardiovascular fitness variables and submaximal ventilatory and metabolic responses in individuals with asthma.

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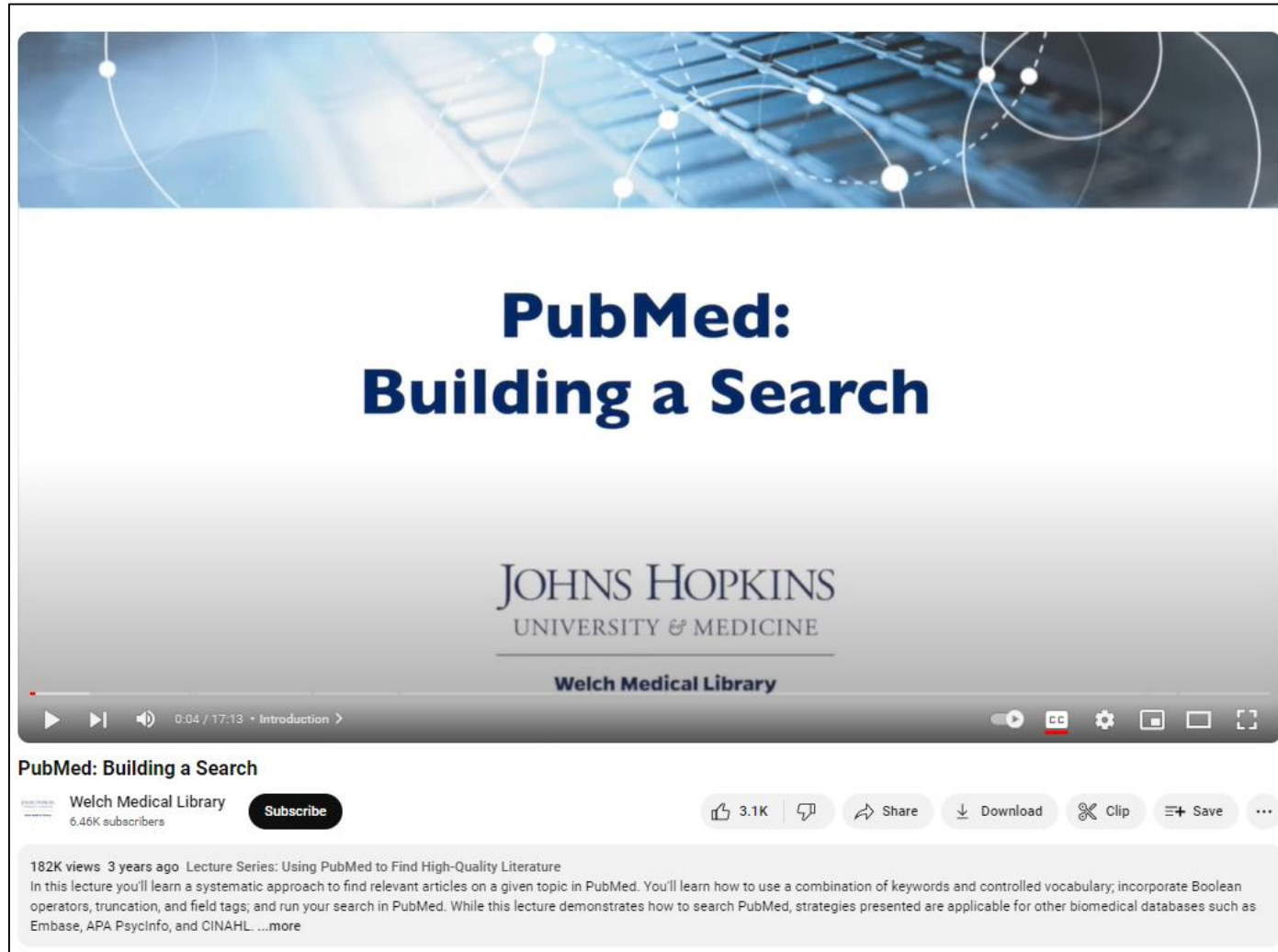
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I exercise  
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  3. asthma\* ~~Asperger Syndrome~~
- challeng\* or barrier\* or role or roles or outcome\* or treatment\* or intervention\* or approach\* or behav\*...

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

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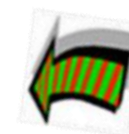
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#13	...	>	Search: <b>#6 OR #8 OR #10</b> Filters: <b>English, Child: 6-12 years</b>	184	11:50:03
#12	...	>	Search: <b>#6 OR #8 OR #10</b> Filters: <b>English</b>	647	11:48:48
#11	...	>	Search: <b>#6 OR #8 OR #10</b>	692	11:44:54
#10	...	>	Search: <b>#6 AND #9</b>	164	11:41:31
#9	...	>	Search: <b>perform*[Title] OR train*[Title] OR respon*[Title] OR "physical fitness"[Title] OR rehab*[Title] OR physio*[Title]</b>	1,434,642	11:41:09
#8	...	>	Search: <b>#6 AND #7</b>	63	11:40:43
#7	...	>	Search: <b>challeng*[Title] OR barrier*[Title] OR role[Title] OR roles[Title] OR outcome*[Title] OR treatment*[Title] OR intervention*[Title] OR approach*[Title] OR behav*...[Title]</b>	3,171,184	11:40:18
#6	...	>	Search: <b>#5 AND #4</b>	692	11:39:47
#5	...	>	Search: <b>physio*[MeSH Subheading]</b>	13,482,430	11:39:18
#4	...	>	Search: <b>asthma AND exercise[MeSH Major Topic]</b>	983	11:38:41
#3	...	>	Search: <b>#1 AND #2</b>	9,358	11:38:00
#2	...	>	Search: <b>exercise*[Title] OR perform*[Title] OR train*[Title] OR respon*[Title] OR "physical fitness"[Title] OR rehab*[Title] OR physio*[Title]</b>	1,545,139	11:37:42
#1	...	>	Search: <b>"Asthma"[Mesh]</b> Sort by: <b>Most Recent</b>	143,918	11:37:04





### Moving more: **physical** activity and its positive effects on long term conditions in children and young people.

Cite

Dimitri P, Joshi K, Jones N; Moving Medicine for Children Working Group.

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Arch Dis Child. 2020 Nov;105(11):1035-1040. doi: 10.1136/archdischild-2019-318017. Epub 2020 Mar 20. PMID: 32198161 [Review](#).

Importantly, physical activity improves the metabolic profile, bone mineral density, cardiorespiratory fitness and insulin sensitivity while lowering mortality risk in children with T1DM. Children with **asthma** were prevented from doing exercise due to concerns about precipi ...



### Exercise and lifestyle changes in pediatric **asthma**.

2

Lu KD, Forno E.

Cite

Curr Opin Pulm Med. 2020 Jan;26(1):103-111. doi: 10.1097/MCP.0000000000000636.

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PMID: 31652153 [Free PMC article](#). [Review](#).

RECENT FINDINGS: Several small studies in children with **asthma** suggest that exercise interventions can improve aerobic fitness, **asthma** symptoms or control and quality of life. ...Larger rigorous studies evaluating lifestyle interventions are needed to better inform ...



### The impact of exercise on **asthma**.

3

Lang JE.

Cite

Curr Opin Allergy Clin Immunol. 2019 Apr;19(2):118-125. doi: 10.1097/ACI.0000000000000510.

Share

PMID: 30601152 [Review](#).

Many patients with **asthma** report exercise as a trigger for their **asthma**, which likely leads to exercise avoidance as a means to control symptoms. ...SUMMARY: In addition to routine management guidelines, clinicians should recommend for their patients with **asthma** ...



### Exercise and **Asthma**.

4

Côté A, Turmel J, Boulet LP.

Cite

Semin Respir Crit Care Med. 2018 Feb;39(1):19-28. doi: 10.1055/s-0037-1606215. Epub 2018 Feb 10.

Share

PMID: 29427982 [Review](#).

However, in addition to its well-known cardiovascular and metabolic benefits, physical training has been shown to be beneficial for asthmatic adults and children in improving **asthma** control and **asthma**-related quality of life. Exercise training also reduces the risk ...



### **Asthma**.

5

Nystad W.

Cite

Int J Sports Med. 2000 Nov;21 Suppl 2:S98-102. doi: 10.1055/s-2000-8498.

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PMID: 11142601

From an epidemiological point of view four issues are briefly emphasized here: the definition of **asthma**, time trends and regional differences, and risk factors for **asthma**. Furthermore, I will focus upon a few aspects regarding the relation between exercise and **as** ...



# Moving more: physical activity and its positive effects on long term conditions in children and young people

Paul Dimitri,<sup>1</sup> Kush Joshi,<sup>2</sup> Natasha Jones,<sup>2</sup> on behalf of the Moving Medicine for Children Working Group

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<sup>2</sup>Faculty of Sports and Exercise Medicine, Oxford University Hospitals NHS Trust, Oxford, UK

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Received 29 October 2019  
Revised 2 March 2020  
Accepted 3 March 2020  
Published Online First  
20 March 2020

## ABSTRACT

While the benefits of regular participation in physical activity in children and young people are clear, misconceptions have developed about the possible negative effects and potential complications of exercise on long-term conditions such as epilepsy, asthma and diabetes. Over the last decade evidence has emerged supporting the positive impact that physical activity has on long-term conditions. Previous concerns were raised about the risks of hypoglycaemia in children with type 1 diabetes mellitus (T1DM) thus limiting participation in sports. Importantly, physical activity improves the metabolic profile, bone mineral density, cardiorespiratory fitness and insulin sensitivity while lowering mortality risk in children with T1DM. Children with asthma were prevented from doing exercise due to concerns about precipitating an acute asthmatic episode. To the contrary, physical activity interventions have consistently shown an increase in cardiovascular fitness, physical capacity, asthma-free days and quality of life in childhood asthmatics. Children with epilepsy are often excluded from sports due to concerns relating to increased seizure frequency, yet evidence suggests that this is not the case. The evidence supporting physical activity in childhood survivors of cancer is growing but still primarily confined to patients with acute lymphoblastic leukaemia. Participation in sports and physical activity also reduces mental health problems developing in adolescence. While further research is required to investigate benefits of physical activity on specific aspects of long-term conditions in children, in general this group should be advised to increase participation in sports and exercise as a means of improving long-term physical and mental health.

## What is already known on this topic?

- ▶ A lot of misconceptions about the risks of participating in physical activity and sports have developed for children with long-term conditions with no supporting evidence.
- ▶ Lack of physical activity leads to one in six deaths in the UK and our population is 20% less active than 50 years ago.

## What this study adds?

- ▶ Physical activity advice should form part of the consultation for children and young people with long-term conditions and should be encouraged to improve outcomes.
- ▶ Information supporting the benefits of physical activity for children and young people with long-term conditions should be readily available to those delivering and participating in physical activity.
- ▶ Policy makers should ensure that children with long-term conditions are supported to participate in physical activity and not prevented from exercising due to fear of misconception. Investment into the promotion and prescribing of physical activity for children with long-term conditions is required.

of physical activity for children and young people are poorly understood, and importantly misconceptions have evolved over time about potential risks of partaking in sports and exercise for certain conditions such as epilepsy and diabetes. A signifi-

- ▶ Adolescent
- ▶ Asthma / physiopathology
- ▶ Asthma / therapy
- ▶ Child
- ▶ Chronic Disease / therapy\*
- ▶ Diabetes Mellitus, Type 1 / physiopathology
- ▶ Diabetes Mellitus, Type 1 / therapy
- ▶ Epilepsy / physiopathology
- ▶ Epilepsy / therapy
- ▶ Exercise / physiology\*
- ▶ Exercise / psychology
- ▶ Exercise Therapy
- ▶ Humans
- ▶ Mental Health
- ▶ Neoplasms / physiopathology
- ▶ Neoplasms / therapy

## INTRODUCTION

It has long been known that physical activity and sport have a positive impact on the physical and mental health of children and young people. In an era where childhood obesity is at epidemic levels, sustained and regular physical activity leads to improvements in lean mass and a reduction in fat mass, and improved long-term health. Physical inactivity is responsible for 6% of deaths and is estimated to cost the UK £7.7 billion annually, and yet our population is around 20% less active than 50 years ago.<sup>1</sup> Access to appropriate healthcare and support for children with long-term conditions will ensure that they are able to manage their condition well, reducing ill health and further deterioration or secondary co-morbidities. For many caregivers and clinicians, the benefits

Dimitri, P., Joshi, K., & Jones, N. (2020). Moving more: Physical activity and its positive effects on long term conditions in children and young people. *Archives of Disease in Childhood*, 105(11), 1035–1040. <https://doi.org/10.1136/archdischild-2019-318017>



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What is your research question?

Develop a search strategy based on your research question.

Search using MeSH terms reviewing definitions, dates, and alternate subjects.

Consult the MeSH headings database @ <https://www.ncbi.nlm.nih.gov/mesh>

Consider exploding and/or focusing on subject headings

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Consult plain thesauri including WordHippo @ <https://www.wordhippo.com/>

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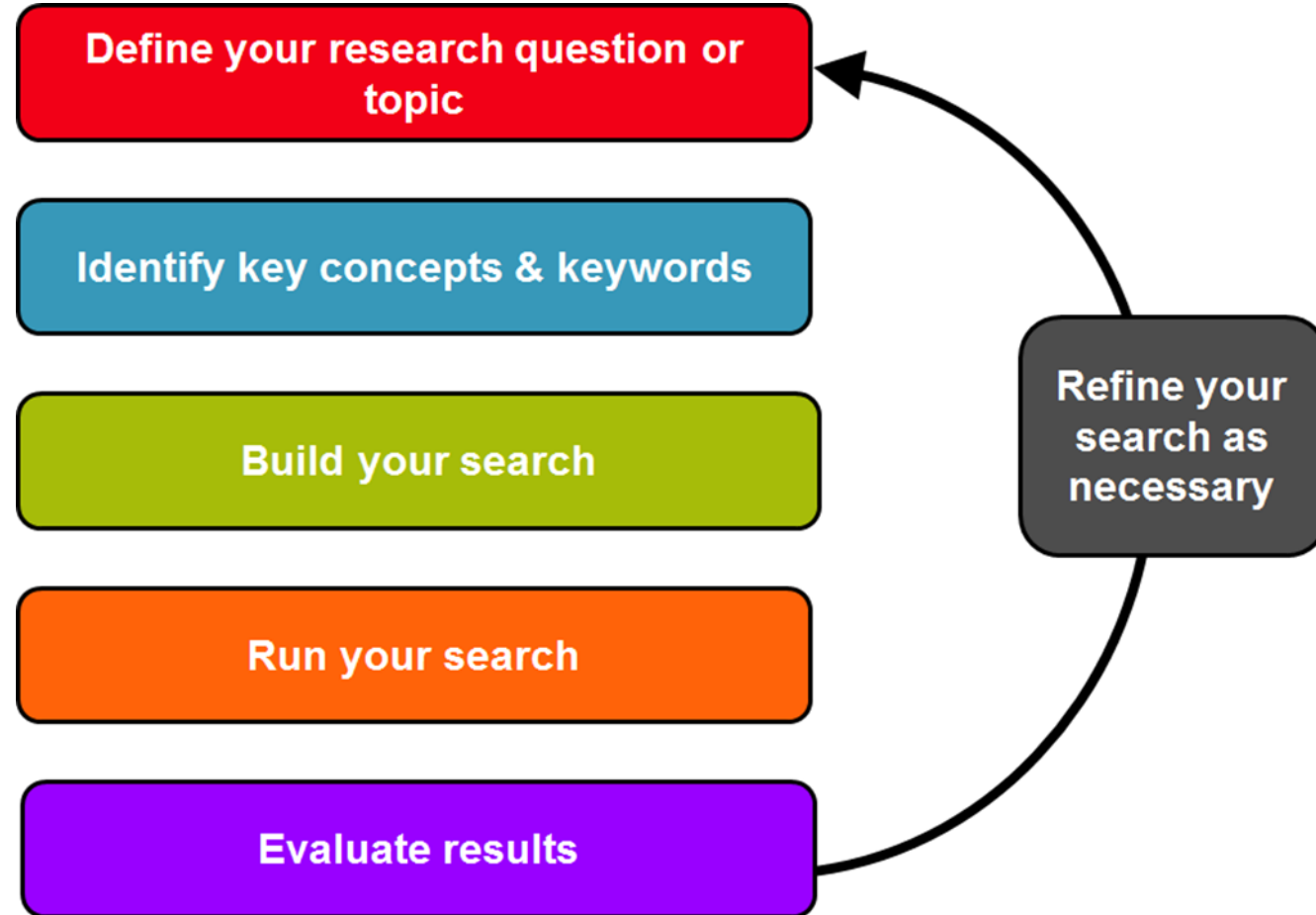
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Ask for help if needed.





# Library Seminar Agenda

- Research Question
- Brock Library KINE Research Guide
- Databases – lots of them
- MEDLINE – Which version?
- PubMed
- Citation Management
- Where, how and when to get help!

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Title	Creator	Date	
Can physical exercise assist in controlling and reducing the severity of exercise-induced b...	Souza Silva et al.	2023-12-04	🔗
Comparison of physical fitness between healthy and mild-to-moderate asthmatic childre...	Sanz-Santiago et al.	2021	🔗
Determinants of exercise capacity in children and adolescents with severe therapy-resista...	Schindel et al.	2022	🔗
Effect of 8 Weeks of Incremental Aerobic Training on Inflammatory Mediators, Cardioresp...	Elnaggar et al.	2021	🔗
Effect of exercise rehabilitation on exercise capacity and quality of life in children with br...	Liu et al.	2021	🔗
Effect of physical activity on asthma control in schoolchildren.	Santos et al.	2020	🔗
Effects of physical conditioning on children and adolescents with asthma.	Welsh et al.	2005	🔗
Effects of physical exercise on quality of life, exercise capacity and pulmonary function in ...	Basaran et al.	2006-03	🔗
Effects of physical therapy on lung function in children with asthma: a systematic review ...	Zhang et al.	2021	🔗
Effects of physical training in asthma: a systematic review.	Ram et al.	2000-06	🔗
Exercise rehabilitation in pediatric asthma: A systematicreview and network meta-analysis.	Jiang et al.	2022-10-12	🔗
Exercise training in children with asthma: a systematic review.	Wanrooij et al.	2014-03-23	🔗
Exercise training on disease control and quality of life in asthmatic children.	Fanelli et al.	2007-09	🔗
Exercise-induced dyspnea in children and adolescents: if not asthma then what?	Abu-Hasan et al.	2005-03	🔗
Perceived exercise limitation in asthma: The role of disease severity, overweight, and phy...	Westergren et al.	2017-02	🔗
Physical activity and asthma: a systematic review and meta-analysis.	Eijkemans et al.	2012-12-20	🔗
Physical activity and exercise in asthma: relevance to etiology and treatment.	Lucas and Platts-Mills	2005-05	🔗
Physical activity and quality of life in children with well-controlled asthma.	Peftoulidou et al.	2023-05	🔗
Physical activity experiences of children and adolescents with asthma: a qualitative syste...	Westergren et al.	2020	🔗
Physical therapy and lung function in children with asthma: is it helpful?.	El-Khuffash et al.	2021	🔗
Responses to Physical Activity Among Children and Youths with Exercise-Induced ASTHM...	Barfield and Michael	2002	🔗
The beneficial effects of physical exercise on antioxidant status in asthmatic children.	Onur et al.	2011-01-15	🔗

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## My KINE 4P84 Paper

This paper answers the research question... Exercise and asthma {Basaran} a research topic of personal interest...

### References

Abu-Hasan, M., Tannous, B., & Weinberger, M. (2005). Exercise-induced dyspnea in children and adolescents: If not asthma then what? *Annals of Allergy, Asthma & Immunology : Official Publication of the American College of Allergy, Asthma, & Immunology*, 94(3), 366–371.  
[https://doi.org/10.1016/S1081-1206\(10\)60989-1](https://doi.org/10.1016/S1081-1206(10)60989-1)

Barfield, J. P., & Michael, T. J. (2002). Responses to Physical Activity Among Children and Youths with Exercise-Induced ASTHMA. *Palaestra*, 18(2), 26. Academic Search Complete.

Basaran, S., Guler-Uysal, F., Ergen, N., Seydaoglu, G., Bingol-Karakoc, G., & Ufuk Altintas, D. (2006). Effects of physical exercise on quality of life, exercise capacity and pulmonary function in children with asthma. *Journal of Rehabilitation Medicine*, 38(2), 130–135.  
<https://doi.org/10.1080/16501970500476142>

Eijkemans, M., Mommers, M., Draaisma, J. M. T., Thijs, C., & Prins, M. H. (2012). Physical activity and asthma: A systematic review and meta-analysis. *PloS One*, 7(12), e50775–e50775.  
<https://doi.org/10.1371/journal.pone.0050775>



# Library Seminar Agenda

- Research Question
- Brock Library KINE Research Guide
- Databases – lots of them
- MEDLINE – Which version?
- PubMed
- Citation Management
- Where, how and when to get help!

# Where can I get help?

Brock Library KINE Research Guide

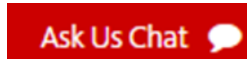
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### Your Librarian can help you:


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- find information sources on your specific topic
- develop effective research strategies
- become a confident and independent researcher

### 1. Select One


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### 3. Select Time:

Friday, September 29, 2023

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